

Methods: All women attending antenatal clinics of the hospital from October 2002 to December 2010 were counseled and subjected to HIV testing after an informed consent. Those found positive, were confirmed to be seropositive, by two more rapid tests. Such women were given SDNVP (200mg) at the onset of labour. Caesarian delivery was carried out with universal precautions. Neonate was administered SDNVP (2 mg/kg body weight) at birth. Exclusive breast feeding was advised, baby followed up. Tested at 18 months of age by rapid tests for HIV.

Results: Out of 21003 women tested, 71 were confirmed positive. 46 (65%) patients delivered in our hospital. 30 patients were followed up for up to 18 months. None of these babies were seropositive at 18 months.

Conclusion: The intervention in PPTCT to significantly reduce perinatal transmission of HIV can be successful if guidelines are followed strictly and if the services are integrated with Maternal and Child Health services of the hospitals.

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Roles of mixing of drug-use network and sexual network on heterosexual transmission of HIV among young drug users: an egocentric network study in Yunnan, China

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Background: The heterosexually transmitted HIV infection rate is rapidly increasing among young drug users in China. HIV transmission may be influenced by mixing of drug-use network and sexual network characteristics.

Methods: A community-based survey was conducted in Yunnan, China, in which respondent-driving sampling (RDS) was used to sample heroin users who were 18-35 years old. Using an ego-centric social network questionnaire, we defined two types of networks: drug use network and sexual network. Respondents were defined as having mixing networks if they reported having had both a sexual network and a drug-use network.

Results: Among 426 respondents, 242 reported having had mixing of both sexual network and drug-use network. The RDS-adjusted proportion of respondents having mixing networks was 46%. Among those who had mixing networks, 26% reported having had both injection drug using (IDU) peers and non-injection drug using (NIDU) peers, and 32% having had both regular and non-regular sexual partners in their networks. Compared to those without mixing networks, respondents with mixing were more likely to engage in risks for HIV infection. Specifically, more respondents with mixing networks than those without reported having had (1) 2-3 sexual partners (31% vs. 20%), (2) both regular and non-regular sexual partners (26% vs. 21%), (3) concurrent sexual partnerships (52% vs. 40%), (4) IDU network peers (79% vs. 30%), and (6) NIDU peers in their network (48% vs. 33%). Consistent condom use with regular or non-regular partners was low in the two groups, between 18% and 46%. The risk of parenteral transmission

half or more episodes of injecting. Over the last 30 days, only 8% of drug users with mixing networks and 4% of those without had ever shared them with others.

Conclusion: The findings of this study document that heterosexual HIV transmission can be driven by mixing patterns of drug-use network and sexual network and the generalization of the HIV epidemic from high-risk groups to the general population. Effective intervention programs should take the characteristics of mixing into consideration.

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Factors influencing the initiation of antiretroviral therapy in HIV infected patients attending the Bamenda and the Bertoua regional treatment centers in Cameroon

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Background: In sub-Saharan Africa, access to antiretroviral drugs (ARVs) remains low due to various obstacles. Encouraging progress in the availability of these drugs in Cameroon has been noted leading to an increase number of treatment centers and an increase number of patients under ARVs. The present study aimed at determining the factors influencing the initiation of ARV therapy in HIV infected patients attending the Bamenda and the Bertoua regional treatment centers in Cameroon (RTC).

Methods: A cross sectional study involving 460 files of HIV infected adult patients attending the Bamenda and the Bertoua RTC was carried out from January to April 2011. Socio-demographic, biological and clinical characteristics including the antiretroviral treatment were compared between these RTC. Data were analysed using the Chi-Squared and the Fisher, and statistical significance was set at $p < 0.05$.

Results: Out of the 460 files, 53.9% were from Bamenda and 46.1% from Bertoua RTC. The median age of patients was 36 years in Bamenda and 35 years in Bertoua. There were more female patients in both the Bamenda (69, 0%) and the Bertoua (61, 8%) RTC ($p = 0.11$). The majority of patients in Bertoua discovered their HIV status through voluntary testing as compared to those in Bamenda (41 vs 22; $p = 0.008$). HIV type 1 and 2 viruses were more frequent in Bamenda than in Bertoua (15 vs 3; $p = 0.011$). The median CD4 count was 133 cells/mm³ in Bamenda and 175 cell/mm³ in Bertoua ($p = 0.008$). Standard first line ARV drugs were the most used protocols [Bamenda (93.1%) and Bertoua (98.1)]. Zidovudine, Nevirapine and Lopinavir were more frequently used in Bamenda ($p = 0.000$), while Tenofovir and Efavirenz were more used in Bertoua ($p = 0.017$).

Conclusion: This study highlights the fact that socio-demographic, biological and clinical management of patients differ from one RTC to the other in Cameroon, even when both have a high HIV prevalence. We therefore recommend the standardiza-

tion of treatment strategies according to national HIV treatment guidelines. In addition to education programs for behaviour change towards HIV/AIDS, future studies should focus in the comparison of the management options for HIV infection in the different treatment centers throughout Cameroon.

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A case report: Rapid improvement of neurological symptoms following antiretroviral therapy in HIV encephalopathy presenting as hydrocephalus

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Background: Neurologic disorders associated with HIV consists of two principal groups. One group is the opportunistic infections, and the other is the primary HIV encephalopathy. The diagnosis is one of exclusion, and neurologic disorders including opportunistic infection of CNS before HIV encephalopathy is diagnosed. We report a rare case of HIV encephalopathy in which evaluation of subacute nonobstructive hydrocephalus, led to the initial diagnosis of HIV-1 infection.

Methods: Patient presentation: A 44 year old previously healthy man presented with a two month history of increasing gait difficulties, memory dysfunctions and alalia. A brain MRI revealed enlarged ventricles without any white matter abnormal signals. CSF was abnormal with lymphocytic pleocytosis of 193 cells/mm³, increased protein count of 166 mg/dl and normal glucose count. The cause of the hydrocephalus and the pleocytosis remained unclear, but during this evaluation a borderline leucopenia (3.900 cells/mm³) and his homosexual activity prompted HIV testing. A HIV-1 antibody test was positive with a serum viral load of 150,000 copies/mm³ and his CD4-cell count was 145.

Results: Based on the clinical presentation, the diagnosis of subacute meningitis was made. Subsequent CSF showed concurrent opportunistic infection of CNS, but serum testing for cryptococcus, CMV, toxoplasmosis, treponema pallidum, and fungi were negative. There was no radiological or cytological evidence of CNS lymphoma. A presumptive diagnosis of tuberculosis meningitis was made, and treatment with first line anti-TB drugs commenced. Two months after the initiation of anti-TB therapy his neurocognitive impairment continued. The presence of CSF pleocytosis was thought to reflect inflammatory component in HIV encephalopathy. The patient was then started on combination antiretroviral therapy (ART). A dramatic clinical improvement occurred within a few weeks since beginning ART. Improvement of neurocognitive function was paralleled by a decline in CSF and plasma serum HIV-1 RNA levels.

Conclusion: CSF pleocytosis without any abnormal radiological image can occur in an unusual form of HIV encephalopathy. If studies for HIV-related opportunistic neurological infections were negative, HIV encephalopathy must be suspected in hydrocephalus with pleocytosis in cerebrospinal fluid. The initiation of ART is the only way to improve patient's neurocognitive impairment.

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Managing the anti-retroviral therapy supply chain of Inter Religious Council of Uganda (IRCU) with leveled funding for five years

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Background: In Uganda, it is estimated that about 180,974 of the 357,000 patients estimated to be in need of ART are accessing it (MOH 2009). Inter-Religious Council of Uganda (IRCU) is a Faith Based Organization offering palliative care and ART services to 19 Faith Based Health facilities (FBOs) using the Faith Based Approach. Anti-Retroviral Drugs (ARVs) are some of the supplies which IRCU provides to the FBOs. An assessment was done to determine the means of scaling up clients on ART with the leveled funds from USAID (2010 – 2014).

Methods: This was a situational analysis which was both qualitative and quantitative so as to give strategic direction to the organisation's HIV/AIDS program. IRCU management, senior religious leaders in Uganda, donors and partners were involved in consultations/assessment which was aimed at determining ways of scaling up IRCU HIV/AIDS program with levelled funds.

Results: Services offered by FBOs are HCT (19), HBC (18), septrin prophylaxis (19), treatment of OIs (17), TB/HIV (15), PMTCT (14), sexual reproductive health (16), Paediatric & adult ART services (14). Changing from branded to generic medicines to save costs in procurement; use of MOH treatment guidelines by all FBOs; maintaining most clients on first line regimen; integration by working with MOH systems at FBO sites to reduce on infrastructure, human resource and systems costs; Partnership with other organizations to foster continuum of services; regular training, mentoring and coaching for health workers; and also involving PHLAs in service delivery. As a result, 12,069 clients are on ART and of these 98% are on first line regimens.

Conclusion: In order to achieve scale up within the limited funding, a variety of factors namely: market prices, staff training, an effective and efficient drugs logistics and supply chain management systems, M&E systems, donor flexibility, partnerships have to be in place and have to work.

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